

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>1130B</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>DENIS M. SULLIVAN</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2800 5TH AVE #310</u> City <u>Seattle</u> State <u>WA</u> ZIP Code + 4 <u>98121</u>	4. Name, file number, and address of labor organization. Name <u>Painters L41094</u> Labor Organization File Number <u>032373</u> <u>SAME</u> P.O. Box, Building and Room Number, if any _____ Street _____ City <u>Seattle</u> State <u>WA</u> ZIP Code + 4 <u>98121</u>
5. Position in labor organization. _____	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent:

6. Name and address of Employer (including trade name, if any). Name <u>Allied Medical</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>2815 2ND AVE #300</u> City <u>Seattle</u> State <u>WA</u> ZIP Code + 4 <u>98121</u>	7.a. Nature of Interest, Transaction, or Income. <u>INTERNATE FOUNDATION</u> <u>CLASS -</u> 7.b. Amount. <u>\$1649.87</u>
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Dennis Sullivan

On

8/15/05  
Date

206 443 1094  
Telephone Number